



STATE OF ILLINOIS
Department of Central
Management Services
Bureau of Benefits

MARK YOUR CALENDAR

Benefit Choice Period

Enroll in Your Benefits May 1-31, 2019!

ENROLL ONLINE! The MyBenefits.illinois.gov website is your online hub for benefits information and enrollment. Starting May 1, log on to **MyBenefits.illinois.gov** to enroll.

On August 22, 2018, SB3046 was signed into law amending legislation to allow former TRIP members, dependents, and survivors who previously opted-out of their health benefits plan, to be allowed to opt-back-in during an open enrollment period or other qualifying enrollment opportunity.

Contact MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).
Representatives are available during the Benefit Choice Period Monday – Friday, 8:00 AM – 6:00 PM CT.

NOW: Familiarize yourself with the MyBenefits.illinois.gov website. Visit the "How to Login/Register," videos. Confirm your login credentials are current. Verify or update your email address, if necessary.
LATE APRIL: Benefit Choice Period information will be posted on the MyBenefits.illinois.gov website; review your benefit options.
MAY 1: Benefit Choice Period begins.
MAY 31: Benefit Choice Period ends.
JULY 1: New benefits are effective.

Health Plan Options
There will be no changes to your health plan options this Benefit Choice Period. If you wish to keep your coverage, no action is needed. If you wish to change your plan or carrier, go online at MyBenefits.illinois.gov.

What is Not Changing
There is a change to your monthly contributions for the Teachers' Retirement Insurance Program (TRIP) for FY20. See reverse side for rates.

What is Changing
Your annual opportunity to select the best benefits for you and your family is during the Benefit Choice Period.



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Federally Required Notices

Notice of Creditable Coverage

Prescription Drug information for TRIP Medicare-eligible Plan Participants

This Notice confirms that the Teachers' Retirement Insurance Program (TRIP) has determined that the prescription drug coverage it provides is Creditable Coverage. This means that the prescription coverage offered through TRIP is, on average, as good as, or better than the standard Medicare prescription drug coverage (Medicare Part D). You can keep your existing group prescription coverage and choose not to enroll in a Medicare Part D plan.

Because your existing coverage is Creditable Coverage, you will not be penalized if you later decide to enroll in a Medicare prescription drug plan. However, you must remember that if you drop your coverage through TRIP and experience a continuous period of 63 days or longer without Creditable Coverage, you may be penalized if you enroll in a Medicare Part D plan later. If you choose to drop your TRIP coverage, the Medicare Special Enrollment Period for enrollment into a Medicare Part D plan is two months after your TRIP coverage ends.

If you keep your existing group coverage through TRIP, it is not necessary to join a Medicare prescription drug plan this year. Plan participants who decide to enroll in a Medicare prescription drug plan may need to provide a copy of the Notice of Creditable Coverage to enroll in the Medicare prescription plan without a financial penalty. Participants may obtain a Benefits Confirmation Statement as a Notice of Creditable Coverage by contacting the MyBenefits Service Center (toll-free) 844-251-1777, or 844-251-1778 (TDD/TTY).

Summary of Benefits and Coverage (SBC) and Glossary

Under the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about a health plan's benefits and coverage. The summary is designed to help you better understand and evaluate your health insurance choices.

The forms include a short, plain language Summary of Benefits and Coverage (SBC) and a glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment."

All insurance companies and group health plans must use the same standard SBC form to help you compare health plans. The SBC form also includes details, called "coverage examples," which are comparison tools that allow you to see what the plan would generally cover in two common medical situations. You have the right to receive the SBC when shopping for, or enrolling in coverage, or if you request a copy from your issuer or group health plan. You may also request a paper copy of the SBCs and glossary of terms from your health insurance company or group health plan. All State health plan SBCs are available on MyBenefits.illinois.gov.

Notice of Privacy Practices

The Notice of Privacy Practices will be updated at MyBenefits.illinois.gov, effective July 1, 2019. You have a right to obtain a paper copy of this Notice, even if you originally obtained the Notice electronically. We are required to abide by the terms of the Notice currently in effect; however, we may change this Notice. If we materially change this Notice, we will post the revised Notice on our website at MyBenefits.illinois.gov.

Type of Participant	Type of Plan	Not Medicare Primary	Not Medicare Primary	Not Medicare Primary	Medicare Primary*
		Under Age 26	Age 26-64	Age 65 and Above	All Ages
Benefit Recipient	Managed Care Plan (OAP and HMO)	\$87.57	\$272.04	\$370.65	\$107.51
	TCHP	\$227.29	\$641.51	\$964.80	\$254.92
	TCHP when managed care is not available in your county	\$113.64	\$320.76	\$482.41	\$127.47
Dependent Beneficiary	Managed Care Plan (OAP and HMO)	\$350.44	\$1,088.15	\$1,482.55	\$372.45**
	TCHP	\$454.58	\$1,283.04	\$1,929.60	\$509.84
	TCHP when managed care is not available in your county	\$454.58	\$1,283.04	\$1,929.60	\$382.39**

* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit.

** Medicare Primary Dependent Beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.